OMB No. 1121-0249 Approval Expires 03/31/2019

Form NPS-4A (Addendum)

MORTALITY IN CORRECTIONAL INSTITUTIONS 2018
STATE PRISON INMATE DEATH REPORT

U.S. DEPARTMENT OF JUSTICE
BUREAU OF JUSTICE STATISTICS
AND ACTING AS COLLECTION AGENT:
RTI INTERNATIONAL

FORM COMPLETED BY:

Name		Title	
Official Address		Telephone	
City		FAX	
State	Zip	E-mail	

Instructions for Completion

If no deaths occurred in 2018:

- You do not need to complete this form.

If you had more than one death in 2018:

- Make copies of this form for each additional death.
- Complete the entire form for each inmate death.
- Once your death records are complete, there are several ways to submit a death report:

ONLINE: Complete the report online at: https://bjsmci.rti.org

E-MAIL: bjsmci@rti.org

FAX (TOLL-FREE): (866) 800-9179

MAIL: RTI International, Attn: Data Capture
Project #: 0215015.001.300.117.102.100
5265 Capital Boulevard
Raleigh, NC 27690-1652

If you need assistance, contact the data collection team at RTI International toll-free at (800) 344-1387 or bjsmci@rti.org

What deaths should be reported?

INCLUDE deaths of ALL persons…

- Confined in your correctional facilities, whether housed under your jurisdiction or that of another state
- Under your jurisdiction but housed in private correctional facilities, whether located in or out of state
- Under your jurisdiction but in special facilities (e.g., medical/treatment/release centers, halfway houses, police/court lockups, or work farms)
- In transit to or from your facilities while under your supervision

EXCLUDE deaths of ALL persons…

- Executed in your state
- Confined in local jail facilities, whether located in or out of state
- Under your jurisdiction but housed in a state-operated correctional facility in another state or in a federal facility
- Under probation or parole supervision in your state
- Under your jurisdiction but on AWOL or escape-status at the time of death

BURDEN STATEMENT

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. The burden of this collection is estimated to average 30 minutes per each reported death, including reviewing instructions, searching existing data sources, gathering necessary data, and completing and reviewing this form. Send comments regarding this burden estimate or any aspect of this survey, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531. Do not send your completed form to this address.

"AGENCY ID"

STATE PRISON INMATE DEATH REPORT

1. What was the inmate's name?

LAST	FIRST	MI
Pendelton	James	

2. On what date did the inmate die?

MONTH	DAY	YEAR
0 8	0 8	2 0 1 8

3. What was the name and location of the correctional facility involved?

Facility Name: MADISON PARISH LTCW (LOUISIANA TRA

Facility City: TALLULAH

Facility State: LA

4. What was the inmate's date of birth?

MONTH	DAY	YEAR
1 2	1 9	1 9 6 2

5. What was the inmate's sex?

- [x] Male
- [ ] Female

6. Was the inmate of Hispanic, Latino, or Spanish origin?

- [ ] Yes
- [x] No

7. In addition, what was the inmate's race? Please select one or more of the following racial categories:

- [ ] White
- [x] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Native Hawaiian or Pacific Islander
- [ ] Some other race

Please Specify:

8. On what date was the inmate admitted to one of your correctional facilities?

MONTH	DAY	YEAR
0 6	1 5	2 0 1 8

9. For what offense(s) was the inmate being held?

a. First Degree Battery

b.

c.

d.

e.

10. Since admission, did the inmate ever stay overnight in a mental health facility?

- [ ] Yes
- [ ] No
- [x] Don't Know

11. Where did the inmate die?

- [ ] In a general housing unit in the facility or in a general housing unit on prison grounds
- [ ] In a segregation unit
- [ ] In a special medical unit/infirmary within your facility
- [ ] In a special mental health services unit within your facility
- [x] In a medical center outside your facility
- [ ] In a mental health center outside your facility
- [ ] While in transit
- [ ] Elsewhere

Please Specify:

"AGENCY ID"

Are the results of a medical examiner's or coroner's evaluation (such as an autopsy, postmortem exam, or review of medical records) available to establish an official cause of death?

- ☐ YES → ***CONTINUE TO Q13***
- ☐ Evaluation complete—results are pending
  - → ***SKIP REMAINING QUESTIONS AND SUBMIT THIS FORM—YOU WILL BE CONTACTED AT A LATER TIME FOR THE CAUSE OF DEATH***
- ☑ No evaluation is planned → ***CONTINUE TO Q13***

13. What was the cause of death? * *Please SPECIFY cause of death—it is critical information******

- ☑ Illness—Exclude AIDS-related deaths *[Specify]* → Heart Attack
- ☐ Acquired Immune Deficiency Syndrome (AIDS)
- ☐ Accidental alcohol/drug intoxication *[Describe]* →
- ☐ Accidental injury to self *[Describe]* →
- ☐ Accidental injury by other (e.g., vehicular accidents during transport) *[Describe]* →
- ☐ Suicide (e.g., hanging, knife/cutting instrument, intentional drug overdose) *[Describe]* →
- ☐ Homicide *[Describe]* →
- ☐ Other cause(s) *[Specify]* →

14. Where did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death take place?

- ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ In the prison facility or on the prison grounds

[PLEASE SPECIFY] →
- ☐ In the inmate's cell/room
- ☐ In a temporary holding area/lockup
- ☐ In a common area within the facility (e.g., yard, library, cafeteria)
- ☐ In a special medical unit/infirmary
- ☐ In a special mental health services unit
- ☐ In a segregation unit
- ☐ On death row, special unit awaiting capital punishment
- ☐ Elsewhere within the prison facility
  - → *Please Specify:*

- ☐ Outside the prison facility (e.g., while on work release or on work detail)
- ☐ Elsewhere
  - → *Please Specify:*

15. When did the <u>incident</u> (e.g., accident, suicide, or homicide) causing the death occur?

- ☑ NOT APPLICABLE—Cause of death was illness, intoxication, or AIDS-related
- ☐ Morning (6 am to Noon)
- ☐ Afternoon (Noon to 6 pm)
- ☐ Evening (6 pm to Midnight)
- ☐ Overnight (Midnight to 6 am)

16. Excluding emergency care provided at the time of death, did the inmate receive any of the following medical services for the medical condition that caused his/her death after admission to your correctional facilities?

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

	YES	NO	DON'T KNOW
a. Evaluated by physician/medical staff	☑	☐	☐
b. Diagnostic tests (e.g., X-rays, MRI)	☑	☐	☐
c. Medications	☑	☐	☐
d. Treatment/care other than medications	☑	☐	☐
e. Surgery	☐	☑	☐
f. Confinement in special medical unit	☐	☑	☐

PLEASE PROVIDE A RESPONSE FOR EACH ITEM (a–f)

17. Was the cause of death the result of a pre-existing medical condition or did the inmate develop the condition after admission? *(If multiple conditions caused the death and <u>any</u> of the conditions were pre-existing, mark "Pre-existing medical condition.")*

☐ NOT APPLICABLE—Cause of death was accidental injury, intoxication, suicide, or homicide

☐ Pre-existing medical condition
☐ Deceased developed condition after admission
☑ Could not be determined

Please add any additional notes regarding this death here:

Madison Correctional Center

UNUSUAL OCCURRENCE REPORT

NAME:	DOC#	DORM/CELL	DATE:	TIME
[redacted]	[redacted]	4-A-100	8/7/2018	11:25pm

LOCATION OF INCIDENT:	WITNESSES:
4-A Dorm	Sgt. C. Brown, C/O L. Bowman, C/O J. Racks, & C/O J. Royal

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

	ASSAULT ON STAFF		MAJOR DISTURBANCE		ROOF SHAKEDOWN		PROTECTION REQUESTED		MAINTENANCE
	AGG. WORK OFFENSE		SEX OFFENSE		SHIFT SHAKEDOWN		VIOLENT DEATH		REPAIR REQUEST
	AGGRAVATED FIGHT		USE OF FORCE		FRONT GATE SHAKEDOWN	X	DEATH DUE TO ILLNESS		FENCE CHECK
	FIGHT		MINOR DISTURBANCE		MATTRESS SHAKEDOWN		MENTAL HEALTH		WEEKLY INSPECTION
	ESCAPE		SEARCH OF OFFENDER		GROUNDS SHAKEDOWN		MEDICAL		MONTHLY INSPECTION
	CONTRABAND		OTHER:						
	CHEMICAL AGENTS USED				MECHANICAL RESTRAINT(S) USED				

Description of incident (include all relevant information - "unusual offender behavior, staff witnesses, physical evidence & disposition, immediate action including use of force", use other side if necessary)

On the above date and approximate time, Offender Landis Breaux (Doc # 418420) came to A dorm flap saying, something is wrong with Offender [redacted] ([redacted]). I, Lt. Tommy Farmer immediately enter A dorm from Control 1 with Sgt. Clarence Brown, C/O Deon McCray, C/O Johnny Racks, and C/O James Royal going to Offender [redacted] bed (4-A-100). Offender [redacted] was sweating, cold, and clammy to touch. Offender [redacted] eyes was open, but he was non-responsive. I, Lt. Farmer instructed C/O Bowman to call on duty Nurse Andrea Whitney, 911, and the Warden at 11:33 pm. I, Lt. Farmer had Offender [redacted] moved to the hallway where I, Lt. Farmer noticed the offender wasn't breathing. I, Lt. Farmer begin CPR. Offender cough and started regurgitating roman noodle making strange noises after 2 set of compresssion and breathe. Offender was placed on left side to prevent him choking. Offender [redacted] was breathing. I, Lt. Farmer received a call from the ambulance service informing them of the incident. Upon returning to the hallway from Control 1, Deputy Sheriff Ken Cheatum was present with Offender [redacted]. Officer Cheatum noticed that the offender wasn't breathing and we (Officer Cheatum, C/O Racks, and I, Lt. Farmer) started CPR until the ambulance service arrived on compound to Building 4 hallway at 11:40 pm. Ambulance service exited the compound at 12:09 with Offender [redacted] and C/O Johnathan knox to Madison Parish Hospital. Nurse Whitney informed I, Lt. Farmer that the coroner (Dr. Neuman) pronounce Offender [redacted] death at 12:19 am. Warden Chris Stenson, Deputy Warden Toffton, and Major Jarrate Brooks was notified. End of report.

Lt Tommy Farmer
REPORTING OFFICER/TITLE

8-8-2018 1:30 AM
DATE AND TIME COMPLETED

January 2017

STANDARDIZED INFORMATION GUIDE
FOR REPORTING OFFENDER DEATHS

1.	**Institution:**
Madison Correctional Center	
2.	**Date/Time Notified Duty Officer:**
8-8-18 12:39 am	
3.	**Person Who Notified Duty Officer:**
Warden Chris Stinson	
4.	**Offender's Name:**
[redacted]	
5.	**DOC Number:**
[redacted]	
6.	**Offender's Age:**
57	
7.	**Date/Time of Death:**
12:39am	
8.	**Cause of Death:**
Heart Attack	
9.	**Expected or Unexpected (Brief Explanation Either Way):**
Unexpected. The offender did not show any signs of being ill.	
10.	**Autopsy Order (Yes or No – If no, Explain Why):**
Yes	
11.	**Was Family Notified?**
Yes	
12.	**Pronounced Deceased by:**
Dr. Neumann	
13.	**Will Family Claim the Body:**
Yes	

Try to get as much of this information (#1-11) as possible before you report an offender death.

Form C-05-001-X
14 May 2018

Louisiana Department of Public Safety and Corrections
Standardized Death Report Format

Unit Name: LMadison Correctional Center

DATE OF REPORT: 8-8-18

TO: James M. Le Blanc
Secretary

FROM: Major Jarrate L. Brooks
Unit Head or Designee
Major
Title

RE: [redacted]
Offender's Name
[redacted]
Offender's DOC #

Age: 57

Manner of Death: (Please check one of the following boxes)

☐ Expected ☒ Unexpected

Autopsy: yes

Medical Diagnosis: Heart Attack

NARRATIVE:

At approximately 11:25pm an offender approached building #4 Control Center stating that something was wrong with offender [redacted] Lt Tommy Farmer entered A-dorm along with Sgt Clarence Brown, C/O's Deon McCray, Johnny Racks and James Royal and found offender [redacted] laying with his eyes opened, but unresponsive. Offender [redacted] was sweaty and his skin was cold. Lt Farmer instructed C/O Bowman to call for an ambulance and also to contact Nurse Whitney. Lt Farmer moved offender [redacted] to the hallway, noticed that he was not breathing, and immediately started to perform CPR on him. Offender [redacted] started to cough and spit up what appeared to be noodles. He was then placed on his left side to

prevent from choking. Lt Farmer, Deputy Sheriff Ken Cheatum and C/O Johnny Racks continued to perform CPR on offender [redacted] until the ambulance service arrived at approximately 11:40pm. Offender [redacted] was transported to the Madison Parish Hospital by ambulance at approximately 12:09am. The paramedics continued to perform CPR on him but were unable to resuscitate offender [redacted]. Offender [redacted] was pronounced dead at 12:19am by Dr. Newmann of the Madison Parish Hospital.

[redacted] B/M [redacted]

Death

At app. 11:25 pm an offender approached Bldg. 4 – A Dorm Control Center flap stating that something was wrong with offender [redacted]

Lt. Tommy Farmer/Shift Supervisor entered the dorm, along with (3) CO's. Inmate was unresponsive. Lt. Farmer began CPR.

Lt. Farmer notified on-duty call nurse, Andrea Whitney who arrived at Bldg. 4

I received initial phone call from Lt. Tommy Farmer @ 11:33 pm.

Northeast Ambulance Service arrived at app. 11:40 pm.

Ambulance departed with offender enroute to Madison Hospital at app.11:50 pm.

Offender [redacted] pronounced deceased @ 12:19 am by Madison Hospital staff.

Notified DOC Duty Officer Tracy Benedetto @ 12:39 am.

Notified Rodney Cooper @ 12:56 am via text message.

Notified offender's mother, [redacted] at 12:59 am.

Attempted to make contact with offender's emergency contact, per CAJUN – [redacted], at 2:50 am. Phone number not working.

Madison Coroner Thomas Neuman arrived at Madison Hospital and briefly examined the offender's body. The Coroner was given medical information for his reporting. He made arrangements for the body to be picked up and sent for an autopsy.

Beckwith Funeral Home picked up the body from Madison Hospital at app. 2:15 am.

Beckwith Funeral Home/Tallulah arrived to pick up the offender's body at app. 1:45 am. Beckwith will hold the body until La. Forensics/Broussard, La. comes to pick up his body and an autopsy is performed.